URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 26 1959

59-035299

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1064

ENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 42 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #2 — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Grundy
c. CITY OR TOWN Trenton — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rural — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Rollie Middle Last Renfro

4. DATE OF DEATH Month October Day 20, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ unknown
8. DATE OF BIRTH Oct. 1, 1888)
9. AGE (last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME S.R. Renfro
13b. MOTHER'S MAIDEN NAME Calli Nichols
14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT State Hospital #2 Address Records, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 20, 1959, to Oct. 20, 1959 and last saw him alive on Oct. 20, 1959
Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R P Price M D
22b. ADDRESS St. Joseph, Missouri
22c. DATE SIGNED 10/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Oct. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY Gipson Funeral Home
23d. LOCATION (City, town, or county) (State) Trenton, Missouri

24. FUNERAL DIRECTOR Mrs. Hoffer-Herman Inc. by BAG — ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 23, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell RB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R.P. PRICE, M.D

FEB 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by n

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Lice J. Chaney

Licensed Embalmer No. 4679

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.